

L05000077071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



500058178585

08/05/05--01003--019 **155.00

FILED

05 AUG -5 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG -5 AM 10:44

DIVISION OF CORPORATIONS

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
05 AUG -5 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CONDOLEZZA, L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
CONDOLEZZA, L.L.C.**

FILED
05 AUG -5 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: **CONDOLEZZA, L.L.C.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: **8360 West Flagler Street, Suite #200, Miami, FL 33144.**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are: **OSCAR EDUARDO DONADIO, 8360 West Flagler Street, Suite #200, Miami, FL 33144.**

The undersigned member or authorized representative of a member of **CONDOLEZZA, L.L.C.**

deposes and says:

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$1,000.00. This total includes amounts from 2 and 3 above.

By: 
OSCAR EDUARDO DONADIO

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CONDOLEZZA, L.L.C.
2. The name and address of the registered agent and office is: LUIS O. RIOS,
8360 West Flagler Street, Suite #200, Miami, FL 33144.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



LUIS O. RIOS

8/2/2005

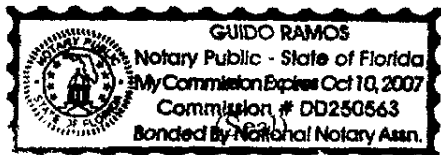
STATE OF FLORIDA }

ss

COUNTY OF }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared LUIS O. RIOS - - - - of CONDOLEZZA, L.L.C. who is personally known to me or who did furnish identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 3rd day of August, 2003.




NOTARY PUBLIC

Guido Ramos
Printed Name of Notary